

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1051 OF 5659

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

EMILY's List

Full Name (Last, First, Middle Initial)

A. Ms. Toni Martin

Mailing Address 2733 Derby St.

City State Zip Code
 Berkeley CA 94705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 09 2015

Transaction ID : 4401479

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mr. Alston C. Lundgren , M.D.

Mailing Address 101 La Placita Circle

City State Zip Code
 Santa Fe NM 87505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2015

Transaction ID : 4419494

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Roberta Gebhard

Mailing Address 3609 Bell Ave

City State Zip Code
 Jamestown NY 14701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 13 2015

Transaction ID : 4403294

Amount of Each Receipt this Period

3.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

253.00